

Testimony before the Labor and Public Employees Committee

**HB 5740**

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Good morning, and thank you for this opportunity to speak to the committee. My name is Tim Morse, and I am an Associate Professor at the Ergonomic Technology Center at UConn Health Center. As part of my responsibilities, I track occupational disease statistics for Connecticut, research the extent of under-reporting of musculoskeletal disorders (MSD) such as Carpal Tunnel Syndrome (CTS), train employers and workers in good ergonomic practices, and consult with industry concerning problem areas and establishing model ergonomic programs in the workplace.

I am testifying in support of House Bill 5740, An Act Concerning Ergonomics and Workplace Safety. I would like to make these central points:

1. Musculoskeletal disorders (MSD) such as Carpal Tunnel Syndrome and back injuries continue to be one of the most common workplace injuries and illnesses in Connecticut and rates seem to be flat. Costs for MSD are high, and repetitive motion reports have the highest average lost days of any condition, averaging 25 days away from work.
2. Research shows that ergonomics programs, such as would be required under Bill 5740, are effective at reducing those MSD.
3. Virtually all of these programs that have been evaluated have been shown to be cost-beneficial to the company that has enacted a program. The programs have also reduced the dramatic human cost of these conditions.
5. The Ergonomic Technology Center at UConn Health Center is in a position to provide limited help to employers and workers by posting free "how-to" guides on our website.

**Extent of the Problem in Connecticut**

Private sector lost-time musculoskeletal conditions rose slightly from 6,967 to 7,030 in 2003 (the rate per 10,000 workers rose from 58.8 to 61.3), based on Bureau of Labor Statistics data. There were an additional 1,330 reported cases in 2003 in the public sector. The rates for musculoskeletal conditions were 61.3 per 10,000 in the private sector, and 72.4 for State Government and 88.4 for Local Government. The private sector rate was 24% higher than the national rate of 49.6. When more acute back injuries and strains and sprains are included, musculoskeletal conditions account for approximately half of the overall lost time injury and illness reports—about 20,000 lost time reports a year in Connecticut.

There were an estimated 800 reported cases of lost-time CTS (Carpal Tunnel Syndrome) in the private sector. CTS had the highest average lost work days of any condition, with a median of 34 days of lost time per case.

Workers' Compensation reports totaled about 2,000 cases annually for chronic MSD of the arms and neck in private and public sectors over the past 5 years.

Our research at UConn indicates that only about 10-20% of MSD actually get reported, so the numbers are probably 5 or more times that.

### **Can Ergonomics Programs Help?**

Virtually every published evaluation of ergonomics programs shows that ergonomic programs can have often dramatic impact on rates of MSD. These include studies by the U.S. Government Accounting Office, at least 10 studies evaluating introduction of machine-assisted lifting equipment in nursing homes and hospitals, and is supported by our own experience at UConn's John Dempsey Hospital and consultations with Connecticut industry. These programs almost always save money for the company, and frequently increase productivity and reduce absenteeism in the workplace. For example, in recent studies, the observed average costs in health care per staff-related musculoskeletal injuries per 100,000 hours worked has exceeded \$ 160,000 which was reduced to less than \$100,000 after the successful implementation of a safe patient handling program (Siddharthan, et al, 2005).

There is no national standard on ergonomics, since the OSHA Ergonomics Standard was over-ruled under the Congressional Review Act. There has been some state activity for standards. For example in Washington State and Texas, programs have been adopted requiring no manual lifting in health care institutions,

Programs such as those required by this bill are straightforward, and not costly, particularly since this bill builds on the existing requirement for joint worker-management health and safety committees. Many of these committees already have programs that would be in compliance with the bill, and others would only need to do fairly minor modifications, such as establishing a written program. The requirements in the bill are similar to the recommendations for comprehensive ergonomic programs by the National Institute for Occupational Safety and Health. The bill is also consistent with national and state goals to reduce MSD, such as in the Healthy People 2010 overseen by CDC.

The Ergonomics Center at UConn already has a number of free resources on our website for solving ergonomic problems, and we would be happy to supplement those materials to give employers and workers models and factsheets to help in complying with this bill if it is passed and implemented.

I would be happy to answer any questions.